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ABSTRACT

Research indicates that parents, grandparents, elders, foster parents, youth leaders, coaches, and others can play a major role in keeping young people from using alcohol, tobacco, or illicit drugs. This booklet provides caregivers some guidelines in communicating with youth about these potential problems. It is geared to the parents or guardians of 9-to-13 year olds, but the material and exercises can also work for different age groups. The booklet is divided into five sections, based on the five reasons that young people give for using marijuana, alcohol, and tobacco (the most commonly used substances): (1) to feel grown up; (2) to fit in; (3) to relax and feel better; (4) to take risks; and (5) to satisfy curiosity. Each section provides background on each reason, information on how adults can help, and exercises to share with children. For caretakers who presently use alcohol or who have tried marijuana or other illegal substances, this guide provides information that can help in steering children away from the use of these substances. The suggestions provided here give guiding principles for communicating with youth; caretakers should use their own words when speaking to their children. Other helpful resources that adults can draw upon are listed in the back. (RJM)

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ED 398 523

A guide for

Keeping

Parents, Grandparents,

Youth

Elders, Mentors,

Drug-Free

and other Caregivers

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Substance Abuse and Mental Health Services Administration

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FOREWORD

Research indicates that parents, grandparents, elders, foster parents, youth leaders, coaches, and others can play a major role in keeping young people from using alcohol, tobacco, or illicit drugs. *Keeping Youth Drug-Free* is a booklet that gives guidelines to caregivers in communicating with youth. It is geared to the parents or guardians of 9-to-13 year olds, but the material and exercises can also work for different age groups.

This booklet is divided into five sections, based on the five reasons that young people give for using marijuana, alcohol, and tobacco--the most commonly used substances--to feel grown up, to fit in, to relax and feel better, to take risks and to satisfy curiosity. You can help your child make good decisions, and we hope this guide will help you.

Many people believe that being responsible for a child is the most important job you will ever have. You are helping children and young people become adults who will, in turn, be parents, caregivers, employees, friends, aunts, and uncles, neighbors, followers, and leaders. It is your support and influence that will help determine the adult that your child turns out to be. We hope that you will use this booklet and share it with others as a starting point for helping the child you care for and care about stay alcohol, tobacco, and drug-free.

Nelba Chavez, Ph.D.
Administrator
Substance Abuse and Mental
Health Services Administration

Elaine M. Johnson, Ph.D.
Director
Center for Substance Abuse
Prevention
Substance Abuse and Mental
Health Services Administration

TABLE OF CONTENTS

Facts About Alcohol and Drug Use 4
Introduction 4
To Feel Grownup 6
7
8
Exercise 1:
Dealing with Messages that Promote the Use of Alcohol, Tobacco, or Illicit Drugs 9
To Fit In and Belong 10
Peer pressure 11
12
12
Exercise 2:
Resisting Peer Pressure 13
Exercise 3:
Building Social Skills 13
To Relax and Feel Good 14
Signs of stress 14
Stress reduction 15
Exercise 4:
Reaching Out to Other Adults 15
Express thoughts and feelings 16
Make wise decisions/solve problems 16
Exercise 5:
Relaxation Ideas 17
To Take Risks and Rebel 18
19
Exercise 6
Role Playing a Conflict 20
To Satisfy Curiosity 20
20
Exercise 7:
Help Your Children Get the Facts 22
Resources 23

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Substance Abuse and Mental Health Services Administration

Keeping Youth Drug-Free is part of the Secretary's Drug Abuse Prevention Initiative.

SOME FACTS

Young people are being exposed to alcohol, tobacco, and illicit drugs early on—even in elementary school. The younger someone starts to use alcohol and drugs, the more likely he or she is to develop problems associated with such use.

- Young people who use alcohol and drugs also are more likely to be victims or perpetrators of violence, engage in unplanned and unprotected sex, experience school failure, or be seriously injured from driving or engaging in other risky behavior while impaired.

- Easy access and availability of alcohol, tobacco, and illicit drugs make it difficult to keep young people out of harm's way.

- Young people who use tobacco are more likely than others to drink heavily later or use illicit drugs. If we can successfully keep our young people from smoking, we may help prevent other drug use.

- Over the past 2 to 3 years, annual use of marijuana doubled among 8th graders, grew by two-thirds among 10th graders, and increased by two-fifths among 12th graders.

- There was an expansion of the drug use epidemic from the 1960s into the late 1970s, a subsequent turnaround and decline which lasted through 1991, and a resurgence in use since 1991.

- Fewer young people see harm in using drugs. Yet, understanding the harms associated with drug use is one of the greatest deterrents to drug use by youth.

- Young people report that getting alcohol, tobacco, and most illicit drugs is very easy.

INTRODUCTION

Being responsible for or to a child is the most important job any of us in our community will ever have. It's both difficult ***and*** rewarding.

Children are wonderful ***and*** they can be hard to be with. They want our attention but complain we are watching them too closely. For example, if their hair is curly, they want it straight; if they are short, they want to be tall!

As difficult as our job can be, as a parent, guardian, or caregiver we are helping young people to become adults who will, in turn, be parents, uncles/aunts, caregivers, employees, friends, neighbors, followers, leaders, and responsible members of the community. Our support and influence help determine the adult a child turns out to be.

Keeping Youth Drug-Free has been prepared in response to what caregivers and young people say about working together to resist all the pressures to use alcohol, tobacco, and illicit drugs. It is geared to the parents, guardians, and other role models of 7- to 13-year-olds, but the material and exercises can also work for different age groups.

This guide is divided into five sections, based on the five reasons that the young people give for using alcohol, tobacco, and illicit drugs—to feel grownup, to fit in and belong, to relax and feel good, to take risks and rebel, and to satisfy curiosity. Every section provides background on each reason, information on how adults can help, and exercises to share with children.

If you presently use alcohol, or even if you once tried marijuana or other illegal substances, this guide provides information you can use to help steer children away from them.

It must seem like "What's the big deal with all this drug stuff? The kid I care about is only 9 years old." But what we hear from young people is that it's never too early to start talking with children about alcohol, tobacco, and illicit drugs. If we say nothing, they might easily assume that alcohol, tobacco, or illicit drug use must be okay for them.

The suggestions in this guide are just that—suggestions. The information presented gives guiding principles for communicating with youth. You will want to translate this information into your own words and use your own style in communicating it.

We can all work together to help children make good decisions and enjoy a safe and healthy childhood and adolescence. Our job requires understanding, patience, lots of love, and practice, practice, practice!

WAYS TO ENCOURAGE EFFORTS

Way to go! That's great.
I think you have real talent.
This shows you really understand.
Do you know how good this is?
You've made real progress.
See? Hard work really pays off.
Is this the very first time you did this?
Congratulations.
I can't wait to show this to....
That is a whole new way of thinking about it... good.
Can you tell me how you did it?
I like the way you did that.
I'm proud of you.
You are a natural....
I knew you could do it!
Aren't you proud of yourself?
You are a quick learner.
Well done!
That part is perfect.
That is a good solution.
You are really creative.
You have great control.
Good job!

No one is ever too old to hear some strong words of praise or get a hug or a high five for a job well done. Keep in mind though that kids usually know when their effort has yielded a mediocre result. Choose words that will be accepted as authentic.

Five Reasons Young People Give for Using Alcohol, Tobacco, and Illicit Drugs

To feel grownup
To take risks and rebel
To fit in and belong
To relax and feel good
To satisfy curiosity

REASON 1: TO FEEL GROWN UP

Children like to imitate adults. How many times have we found children imitating the way we speak? Trying on our clothes or makeup? Having a pretend tea party or cocktail party? Dressing up to "go to work"?

To a child, being a grownup is a very desirable thing. Being "grownup" means freedom. Being "grownup" means making your own decisions. Being "grownup" means being able to eat and drink anything you want.

Young people like to "try on" our behaviors along with our grownup clothes. Lots of things fit into the grownup category: getting married, having babies, drinking alcohol, driving a car cross-country, working, and so forth.

If we ask young people what messages we send about substance abuse, what might they say? We might be surprised to find out just how grownup they feel when we ask them to get us a beer from the refrigerator or an ashtray from the cupboard.

A child can understand and accept that there are differences between what adults may do legally and what is appropriate and legal for children. We want to continue to reinforce this understanding by not abusing legal substances or using illegal drugs. Most kids are already pushed hard to act like grownups. They see the advertisers' appealing to this need on TV, radio, and billboards, etc. We must try not to use these appeals in our own homes, clubs, and gathering places.

ACTION STEPS

1. **Don't let your children be involved in your drinking** by helping you mix a drink or getting you a beer.
2. Try to be a **good role model** by drinking responsibly and in moderation.
3. When possible, **point out examples** of irresponsible drinking behavior and the consequences.
4. Your job is to **talk about these images and behaviors** and what they mean.

You can even make this fun. (See Exercise 1)

We must keep in mind that ***we need to "let" our children grow up***. Some of the ways children behave are part of a natural and healthy separation, which generally starts between ages 11-14. The harder we hold on and pull in the reins, the more they may want us to let go. In most cases, giving children more independence can actually help deter them from using alcohol, tobacco, and illicit drugs simply because they feel grownup and mature. Many times the first experimentation with tobacco takes place at the precise time a child is requesting greater freedom.

We need to keep more freedom separate from more time left to experiment with drugs. If we attempt to control our children and do not allow them independence, we may actually make the problem worse.

BE OPEN

Remember that children may talk more openly about sensitive topics with someone who is not their parent or guardian. If you are a parent, try not to let your feelings be hurt and remember that your child will respect you more in the long run if you encourage them to talk to someone else if that is what they want. He or she probably will come back to you with concerns when he or she is older. At times an aunt, uncle, sibling, coach, or religious leader may be a more objective sounding board for your child.

Using Alcohol, Tobacco, or Illicit Drugs

The fact is, if you use alcohol, tobacco products, or illicit drugs, your children are more likely to use them too. However, even if you use these substances, you can do a lot to make sure that your children don't.

ACTION STEPS

1. *If you use alcohol,* drink moderately and refrain from always drinking for celebrations and holidays. Learn other ways to celebrate. Try to deal with stress without tossing down a few drinks. Try exercise, talking with a friend, or deep breathing, for instance. Allow yourself a "time out" from your regular routine. The children you care for will learn a lot by imitating these coping strategies.

Set aside a few minutes a day to talk about family, love, and life problems that might have come up during the day and discuss how you handled them. You can even ask children for their ideas. This does not mean burdening them with difficult problems or financial worries. But you can ask children for their ideas on simple matters and help them to build problem-solving skills. This skill will help them resist peer pressure to use alcohol and drugs to solve their problems.

If you are using illicit drugs, frequently or even occasionally, you are sending strong negative messages to your child.

2. *If you use tobacco products* and have had difficulty stopping, talk with your children about how addictive nicotine is. Let them know that when you were young, you thought you could stop easily but you have grown dependent on nicotine.

If your children are very young, you will want to be careful about sharing information about the health problems you may be suffering as a result of your smoking or chewing dependence. A young child may quickly jump to the conclusion that you are dying and may become very frightened.

On the other hand, your children will be hearing a lot about these health problems when they get to school, so avoid downplaying your health problems. If you lose your child's trust, you will have lost something precious. And, it will be difficult to teach the lesson that your child should always try to tell the truth, regardless of the consequences.

3. *If you are abusing prescription drugs,* you may be giving the message, "Take a pill. This is how you cope." Remember that your children know you very well. At some point they will KNOW that you are abusing these drugs. It will probably startle them. It may take them a little while to talk with you about this. But when they do, try to be receptive.

If you use illicit drugs, frequently or even occasionally, you are sending strong negative messages to children. These may include:

- It's okay to break the law when it stands in the way of personal needs.
- The best way to cope with stress, strain, or other problems is to use drugs.
- Happiness comes from the temporary high of drug use, not from good relationships with others.
- It's easier to take drugs than to develop good problem-solving and stress management skills.
- My priority is my drug-taking, not you.
- Money that could be spent on necessities or legitimate entertainment is better spent on drugs.
- Time spent using drugs is better than time spent with loved ones.
- If a person doesn't value himself/herself very much, drugs are the answer.
- It's easier to take drugs to try and forget problems instead of dealing with them.

IF YOU USED DRUGS IN THE PAST...

What's really important here is the value of having a face-to-face discussion with a young person about alcohol, tobacco, and illicit drugs. Read the conversation over several times to make sure you understand the purpose of it. It does not have to be, nor should it be, recited word-for-word. Most important are the principles involved:

- Listening.
- Slowing down the dialogue.
- Eliciting feedback between each segment.
- Establishing your agenda and communicating it so that a child will hear it and not shut you off.

Example

The 12-year-old you care for comes home from school and says, pretty matter-of-factly, "I learned about drugs today. The teacher said that lots of people your age used to do drugs. Did you?"

(You have many opportunities here. Your child, in asking this question, is providing a chance for you to develop your listening skills in addition to answering his/her question, so try not to react too quickly. It's understandable that a question about your own drug history would make you uncomfortable, but let's see what might be possible here.)

You might say: Wow, you're learning about drugs already? What are they teaching you?

Child: Well, just about drugs and alcohol, and the teacher said a lot of people your age used drugs when they were young.

You might say: Well, I'm not sure what your teacher meant to say, but I can tell you what I know about those times. Would you like me to? *(The parent/caregiver offers a choice here, because some kids might prefer to keep their knowledge general and not specific to their parent/caregiver. Others, of course, will forge on.)*

Child: Sure.

You might say: Well, many people my age, who were young adults back then, tried marijuana. We mostly called it pot. But we didn't know as much about it as we do now. It was the same with cigarettes. We didn't think smoking was very harmful either. So do you still want to know if I smoked marijuana? Think about your answer. How will you feel if I say yes?

(By now, the conversation may be opening up.)

Child: I'll have to think about it. Well, yes and no. Yes, because you always say it's important to be honest. No, because I'm not sure what I'll think about you. If you say no, you'll just be a regular parent. If you say yes, I don't know, that would be kind of weird.

You might say: You're exactly right. That's why I wanted you to think about it. But remember, whatever you decide is okay, and whatever my answer is, we can talk more about it.

(Many opportunities have opened between you and your child even prior to your answering the original question. That's more than half the battle in helping kids resist drugs and alcohol—a strong parental connection, even if a sometimes rocky one, always helps the child.)

Child: Are you just trying not to tell me?

You: No, I'm trying to be thoughtful about how I answer you so I'll know more about what you think about my drug usage.

Child: So you did?

You: Yes, I tried it. A couple of times because friends of mine were doing it. And then I stopped because I decided it just wasn't a good thing to do.

(It's important to make a distinction between past adolescent or young adult use/experimentation and current adult usage. You should not divulge current use unless directly confronted by the child. You should seek help for yourself and the child in dealing with this situation.)

You: So what do you think?

Child: About what?

You: About my saying I used it but then stopped.

Child: Oh, it's okay. I don't know.

You: Are you wondering if I would give you permission or think it's okay to use drugs because I tried them?

Child: Well if you tried them, what's the big deal?

You: Well, whether or not I used is not the main issue here. The main issue is you. I definitely do not want you to use alcohol, marijuana, or any other illicit drugs. I'm not going to give you a lecture about how bad they are for you because you've probably come to learn a lot about them in class. But, I want you to think about this: you—plain and simple—don't need them. You have too much going for you. Drugs don't really help anything. They don't solve problems. They won't make you popular. They won't help you grow up. And they surely won't help you build a strong body and mind. In fact, just the opposite can happen. Now go ahead and get ready for soccer practice—that's something that makes you feel good about yourself.

Obviously, this conversation could go a number of ways. But the point is to **really listen**. Make it clear that you value this young person and believe that he or she has the right to talk with you about anything AND that you do NOT want him or her to use alcohol or illicit drugs.

Remember

- Value children.
- Seek their input.
- Make your expectations clear.

EXERCISE 1

DEALING WITH MESSAGES THAT PROMOTE THE USE OF ALCOHOL, TOBACCO, OR ILLICIT DRUGS

Children see many images on television, in the media, and elsewhere that give them misleading ideas of what it means to be a grownup.

This exercise can help children correctly interpret these messages. Beginning at a very early age, we can ask a child to answer a set of questions. We can take opportunities to talk about this whenever we can. We might see someone smoking on the street, or a scene on TV where someone's taking drugs, or a billboard promoting beer. If the subject doesn't come up naturally, we can prompt a discussion about it. Here are some guidelines:

• Don't lecture. Talk WITH the child. • Ask questions. • Give feedback and positive support.

• Don't label people as bad or good—only their behavior. Drug use, for instance, is bad, but a drug abuser is not a bad person. Make the distinction.

Here are some questions to start the discussion:

1. Is that advertisement trying to sell you something? If so, what?

2. Is that product healthy for you?

(CONTINUED)

EXERCISE 1 (CONTINUED)

We can begin to ask more sophisticated questions as the child gets older:

3. How is the sponsor of that product trying to get you to purchase it?

   a. By making you feel unlovable (e.g., you won't be liked very much if you don't buy this product);

   b. By making you feel left out (e.g., everybody else is buying this product so you should, too, or you'll be left out of the "cool" crowd);

   c. By making you feel inadequate or unsuccessful (e.g., if you don't buy this product, you won't be able to do this or that as well as everyone else); and

   d. By making you feel less masculine or less feminine (e.g., if you don't drink this product, you're a wimp, or if you don't use this product, you won't be beautiful).

4. How did you feel about being manipulated by that message?

These questions can lead to other discussions about circumstances where young people might be trying to pressure each other to do something they don't want to do.

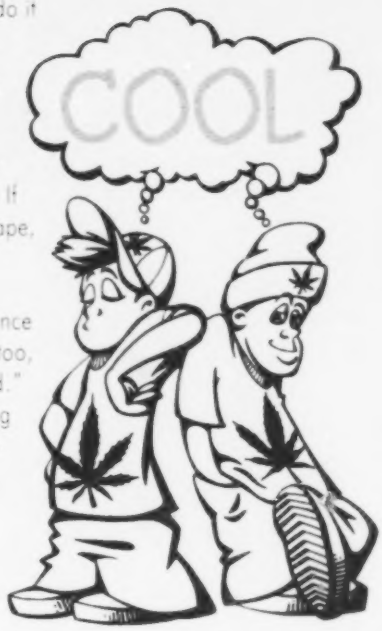
REASON 2: TO FIT IN AND BELONG

Children want others to like them. Sometimes the group they want to join is using—or the child thinks the group is using—alcohol, smoking cigarettes, chewing tobacco, sniffing inhalants, smoking pot, taking LSD, using methamphetamines, smoking crack, or even shooting heroin. Sometimes kids turn to alcohol, tobacco, and illicit drugs to feel like they fit in—to overcome anxiety, change their personality, or give themselves courage to talk to other people.

Drug abuse is everywhere. The names of the drugs may change from place to place (see page 19), but the related problems all remain the same. In the United States, from 5 to 10 million young people between the ages of 12-17 are using alcohol, tobacco, or illicit drugs. This represents as many as half of all kids this age.

Our society is flooded with messages that, perhaps unintentionally, encourage us and our young people to use alcohol, tobacco, and illicit drugs to enhance our lives and develop social skills...If you

want to celebrate, don't do it without alcohol. If you want to be pretty and thin, just pop some speed. If you want your music to be cool, just smoke a little marijuana. If you want an instant escape, just sniff some glue.



These images help convince young people that they, too, should join "the crowd." Join the drug parade. Sing praises to the blunt.* Become part of the buzzed and beautiful.

Wanting to fit in and belong is one of the most natural parts of growing up. It is important. In fact, if we really listen, we may find that for some it is THE most important part of growing up.

* A cigar with tobacco replaced with marijuana and often mixed with other drugs.

Establishing a clear position against alcohol and other drug use is not enough. Children need a repertoire of skills to help them. They need to learn how to: decipher pro-use messages, refuse both subtle and direct offers of alcohol and drugs, act appropriately in social situations, build solid interpersonal relationships, express their thoughts and feelings, solve problems, make decisions, and communicate with people in positions of authority.

So, how do we help? How do we prevent our young people from hanging around with those who seem to need to use alcohol, tobacco, and illicit drugs?

ACTION STEPS

1. Help your child deal with peer pressure.

Even though young people often report that they learn more from friends when they reach adolescence, studies have found that these same adolescents would PREFER to learn about a variety of important topics from their parents or other caring adults. Peer influence does increase during the teen years, but the influence of caring adults can remain strong if you've established a strong relationship during the earlier years.

A SUPPORTIVE CAREGIVING PATTERN INCLUDES:

- ✔ Strong acceptance of the child
- ✔ High expectations for appropriate behavior
- ✔ Strong responsiveness to the child
- ✔ Strong positive involvement with the child, e.g., in planned activities
- ✔ Solid guidance

Parents, grandparents, elders, aunts and uncles, foster parents, guardians, mentors, and others can play a strong role in helping young people face pressures to use alcohol and drugs. **In fact, not wanting to harm the relationship between themselves and the caring adults in their lives is the most common reason that young people give for not using alcohol and drugs.**

Therefore, establishing a clear [illegible]at you, as a caring adult, do not want them to use alcohol, tobacco, and illicit drugs provides the strongest motivation for them to refuse offers to try these substances.

> *"Building trust is a process, not an event; time is the key. Simply caring about a child is all that it takes to start. Listening, regular time together, playing with, validating, respecting, and empowering a youngster will build a positive connection, for children don't care about how much adults know until they know how much adults care."*
>
> Jerry Moe, Director of Children's Services, Sierra Tuscon, Tuscon, AZ

Most peer pressure for young people is just as subtle as it is for most adults. For example, let's say you just started a lowfat diet and you've been out playing cards with your friends. They've been eating chips and dip, but you're really proud that you've been snacking away on raw vegetables. It's time to go and as you drive home with your neighbor, she says, "Hey, let's stop off at the pizza place down the block." You mutter something about being on a diet and she says, "Oh come on, just one piece of pizza won't kill you." This is peer pressure, and it's the same as what a child experiences when a slightly older pal suggests just taking a "little" hit because he knows that

this kid really doesn't want to do drugs. He's going to show some respect by offering just a "little." No big thing.

This is why practicing resisting peer pressure is important. (See Exercise 2)

2. Help your child act appropriately in social situations.

A basic course in general manners often helps here. And, again it's a matter of practicing. Young people want to be socially acceptable. And, if being socially acceptable means eating with a knife and fork instead of with one's hands, then that's what kids want to learn.

Practice in meeting and greeting people also is very helpful. Teaching young people some sentences that help them "break the ice" with others will help.

Teaching children how to ask questions about others and to be good listeners also will help shape their social skills. (See Exercise 3)

Again, you can get lots of input from your child to help with this important task. Ask them when they feel awkward. Tell them about a situation in which you felt awkward and see if they have ideas for dealing with the situation in the future. Let them know that social situations often are awkward at first and that they are not very easy for most people. Ask them about their experiences.

Let them know that some people turn to alcohol and drugs to get them through awkward social moments, but then they don't get to practice this skill, and postponing it only makes it harder. Let them know that it's okay to feel awkward at times. We all do!

3. Help your child build solid relationships.

Young people today are raised by a variety of different caregivers, such as grandparents, foster parents, coaches, and mentors, in a variety of settings.

Because of the tenuousness of many adult relationships that they see, young people may find it difficult to believe that relationships can be counted on to meet their needs. But that doesn't mean that they don't want to believe this—they do. They want the security of thinking that whatever relationships they have are solid, that they are going to last, and that they can count on other people in their lives. Your relationship with them can give them this assurance.

Value them, seek their input, and make your expectations clear as your child grows up. Hopefully, they understand that your love will always be there for them. They are going to test that premise over and over again until they are very sure that you mean it.

You can teach them that all relationships are important, but that some relationships are very special and require hard work. How you handle a divorce in terms of recognizing how difficult and complicated it is for everyone involved, for instance, will teach your child a lot about relationships. How you acknowledge that relationships encompass a wide range of human emotions—from joy to pain—also will teach your child a lot. How you acknowledge and accept the important people in his or her life also will teach a lot about relationships.

(Remember that you are going to be tested. "Love me, love my friend" may be one of those tests. Instead of letting out a war cry, try to find out what is valuable about these people from the child's point of view. This can help you identify the traits he or she is seeking in others. Then you can help your child develop those traits rather than living vicariously through inappropriate role models. If, on the other hand, you choose to criticize your child's friends, they may end up feeling worse about themselves, and you may drive them to spend even more time with those who may not have their best interests at heart.)

Again, building solid relationships requires practice. It's not something you necessarily get right the first time. There are lots of ups and downs, even in the best relationships.

BEING A MENTOR

Mentors provide support and encouragement, serve as positive role models, and help those they choose to mentor recognize their own potential and set positive goals. Parents are often good mentors, but many people in a child's life can serve as mentors such as coaches, teachers, doctors, and religious or community leaders.

If you are thinking about being a mentor to a child, here are some things to consider:

Make a commitment for a specific period of time. You can extend it later, but this way you won't disappoint the child if you are only able to commit for the short-term.

Be very clear about what the child can expect from you.

Ask the child if the arrangement is okay with him/her. If not, respect the answer and try to work out a reasonable solution.

EXERCISE 2 RESISTING PEER PRESSURE

Finding creative ways to refuse alcohol, tobacco, and drugs requires humor and lots of practice. Each child can help develop his or her own favorite set of "turn down" comments, but it's your job to help them practice these so that they are not thrown off balance if the offer is more subtle or more direct than what was anticipated.

A lot of this will depend on the age and temperament of the child, and the most important thing is to make sure the child is comfortable with what he or she wants to say. Your job is to coach them to use language and phrases that they come up with themselves.

For instance:
A shy child might want to say, "No, thanks," or "I gotta go," and then walk away quickly.

A more outgoing child might say, "What? Are you talking to me? Forget it," or "No, I don't do drugs."

You may need to help an angry child come up with something that doesn't needlessly antagonize someone, especially if there is danger of violence involved.

A child who has difficulty refusing offers from older kids or adults may need special help in practicing a forceful and believable reason that clearly lets the other party know that he or she does not want to use alcohol, tobacco, and illicit drugs.

The name of the game is Practice Practice Practice.

The younger the child, the more practice he or she will need. But, this cannot be a one-time session. You might find, for instance, that a 10-year-old has no trouble whatsoever saying no to a suggestion that he try a beer at a neighbor's house. However, 3 years later when the 17-year-old next door asks him if he wants a beer, you hear him hesitate—not so sure of himself and his convictions at 13 as he was at the age of 10.

EXERCISE 3 BUILDING SOCIAL SKILLS

Offer the young person some exercises to make him or her feel more at ease and comfortable in social situations.

If he is going to a party or dance, have him set a goal of meeting two or three new people—no more than that. Goals should be kept within reach.

Teach your child how to break the ice with people, e.g., by saying, "I've heard that you: just came back from a trip to.... like alternative music... etc." Encourage them to say what they think about or feel about these topics.

Have her go to a new place with a friend. No one needs to try to do everything alone. The key is to not just stay together the whole time. Each of them might try to meet one other person and come back later to share the stories about the interesting person each has met. (By the way, almost everyone is interesting in their own way. It's fun to see if we can find out about the very interesting part of each person we meet!)

If the child whom you care for happens to be very shy (or extremely aggressive) and you are having difficulty teaching them how to cope well socially, you may want to seek help. Social skills are very important for navigating through the stormy adolescent years.

REASON 3: TO RELAX AND FEEL GOOD

Let's face it. How many times have we said or heard our friends say, "Gee, I'm glad I'm not a kid growing up today. It's really tough out there."

What do we think is meant by saying that?

There is a lot in the environment that makes it difficult for kids today such as:

- More violence and gangs
- Economic pressures
- HIV and AIDS
- Changing family structures
- Easy access to alcohol, tobacco, and illicit drugs
- Lack of good role models
- More teen pregnancies
- Many more multimedia influences
- Less security about the future

These are all factors that may contribute to the new upturn in drug abuse in this country. Some young people think that alcohol or illicit drugs will cheer them up or make them forget about problems they have.

Adults and children sometimes develop unhealthy ways of dealing with stress. How many times have we heard people say, "Boy, I could use a drink," as an antidote to stress? How many of us truly know how to deal with stress in healthy ways? Children need to learn how to deal with stress, how to make healthy decisions, and how to relax.

Children also need someone to help guide them through difficult times, someone to whom they can express their concerns and apprehensions without fear of rejection or recrimination. One of the most important things that can keep children away from alcohol and drugs is the love and support of at least one caring adult who mentors them through the many phases of childhood.

It may sound like a cliché, but children need a lot of support from a wide range of people who can spend quality time with them and who can listen and be involved in their life experiences. Children need to talk about their friendships and about their need to fit in and belong. They need to be able to discuss their fears and their successes. They need to know that they will not be negatively judged—only the behavior that harms themselves or others.

How can you tell if your child is under stress?

Some signs of stress among young people include:

- Low self-esteem
- Little energy
- Short attention span
- Often sleepy
- Extremely hyperactive
- Often depressed
- Inactive
- Often misbehaves
- Angers easily
- Fights frequently
- Easily frustrated
- Uses adult sexual terms
- Says bad things about self
- Refuses to do what he or she is told
- Walks unsteadily
- Makes strange voices, grunts, growls, snorts
- Cries easily
- Sulky
- Detached and unresponsive
- Uncommunicative
- Change in eating habits
- Mood swings
- Increased defiance/rejection of authority
- Change in appearance and personal hygiene
- Change in personality
- Abusive to siblings
- Grades fall
- Talks back

How can you tell if you are under stress?

These symptoms may indicate that you are under stress:

- Unresponsive to your child
- Ill frequently
- Low energy
- Often depressed
- Seem confused
- Low self-esteem
- Abusive
- Suspicious of others
- Alcohol or drug abusing
- Weary
- Cry easily
- Unable to sleep
- Constant worry
- Inability to make quick decisions
- Overwhelmed
- Fearful
- Poor eating habits
- Constant complaining
- Tension headaches
- Desire to be alone more often
- Rejection of advice and assistance
- Mood swings
- Sleeping more or not being able to sleep
- Irritable and short-tempered

There are many ways to help reduce stress in your child's life. Some of these include:

- Allow your child to express his or her feelings and concerns.
- Promote good nutrition and exercise during the early years so that these become habits for a lifetime.
- Let the child you care for know that you also experience pain, fear, anger, and nervousness.
- Look at your own coping skills to see if you are setting a good example.
- Teach your child some relaxation exercises like deep breathing and sitting quietly for 10 to 20 minutes.
- Help the child you care for develop his or her imagination so that he or she can make the most of opportunities that might arise from a stressful situation.
- Set goals based on the child's ability—not on someone else's expectations.
- Teach them the value of forgiveness of others and of themselves.
- Don't tire your child out by having too many activities all at once.
- Give your child a big hug or take a long walk with him/her before and/or after a stressful situation.
- Establish a special time each day just for the two of you. It can be as simple as reading a book together, watching a TV program, gardening, or baking a dessert.
- Show confidence in your child's ability to handle problems and tackle new challenges.
- Get your child's input about dealing with a stressful situation and show your appreciation for his or her thoughtfulness.
- Help the child you care for express anger positively, without having to resort to violence.
- Help a child learn from mistakes and learn to forgive (set an example: don't hold a grudge or punish for no reason).

EXERCISE 4 REACHING OUT TO OTHER ADULTS

1. List three things that characterize a true friend.
2. List three things that make friendships thrive.
3. List three people you know who seem to need a friend.
4. Pick one person with whom you would like to be more friendly. Why did you choose this person?
5. Mentally picture yourself doing those things that will develop and deepen a friendship with this person.
6. Name what you give to the friendships in your life and what you could teach the children in your life about relationships based on these friendships.

Finding support for yourself and the child in your care is an important task. And besides being a great help to you, it shows your child that asking for help and becoming part of a larger community is important. Talk to other people who work with kids, find out about local prevention groups or support programs in your area, or look into starting a parents' group.

Express thoughts and feelings

Most of us would probably agree that we feel much better when we are free of troubling worries and concerns. Being able to express thoughts and feelings with someone we feel comfortable with—whether it be a spouse, a coworker, or a friend—can make all the difference in how we feel about ourselves and in how we interact with the world around us.

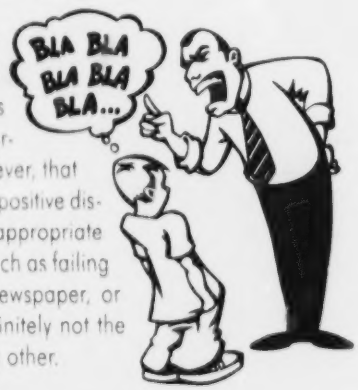
Similarly, young people try on new thoughts and new feelings. Being able to express thoughts and feelings is the essence of our being human and what differentiates us from animals. When we try to limit the thoughts and feelings of our children, we are taking a great deal away from them. When we deny that their feelings are real, we are denying that children are individuals with their own perceptions. Young people who are taught to express themselves are going to have an easier time dealing with peer pressure and resisting other temptations.

Always telling someone to shut up or silencing them by never paying any attention to their thoughts and feelings could sever their connection to you. They are likely to either rebel, hide out, or get even. We've all heard stories about young people who are ignored, abandoned, or rejected. They hurt and they express their pain through anger. They revert to violence or other forms of acting out. Or they repress all of their feelings and choose to comfort themselves through alcohol, tobacco, or illicit drugs.

ACTION STEPS

1. You can **teach your child how to express their thoughts and feelings by using figures on TV.** Ask them if they feel the way that so-and-so does. Ask him or her about these feelings. You can read stories from the newspaper and ask if your child has any thoughts about the story or the characters.

2. Many families **use the dinner or supper hour as a time to share** stories about events or to discuss current affairs. Be aware, however, that this time should be limited to positive discussion. It is probably not appropriate to discuss upsetting issues such as failing grades, bad news in the newspaper, or other scary topics. It is definitely not the time to be fighting with each other.



Digesting food is an important bodily function that should be respected. Sometimes children associate food with the unpleasantness that may arise at the dinner table and may develop poor eating habits. After dinner discussions can teach a lot about the value of expressing yourself by encouraging passionate exchanges of words. You can make clear that it is your expectation that no one will use any violence or curse words, and you can set standards for these discussions.

Make wise decisions/solve problems

ACTION STEPS

1. Children need to be taught **how to make decisions.** You can guide them through a set of questions:

- What am I trying to decide and what do I know about it?
- How do I know my information is accurate? Who told me about it?
- What more do I need to know before going ahead?
- Who has the information I need?

2. And once the decision is made, ask these questions:

- What are the good effects of this decision?
- What are the bad effects?

After this, you can ask the child to reconsider his or her decision and take responsibility for the consequences.

Example

The child is asked if he or she wants to smoke marijuana.

You can practice the decisionmaking process with the child under your care. Ask:

1. What do you know about marijuana?

If he or she doesn't know much about marijuana, you could take a trip to the local library for information. You can also contact the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686. Internet: telnet ncadi. health.org or http://www.health.org

2. What else do you need to know?

You can state that marijuana is illegal and use may cause him or her to be suspended from school. A conviction of possession might hamper his or her job opportunities.

Or, you can say that you disapprove of its use and he or she will be disappointing you by smoking pot.

Or, while he or she may temporarily feel like part of the crowd, true friendship doesn't depend on whether one goes along with everything everyone else does.

Or, while there are some young people who smoke pot, most young people do not.

Marijuana may give temporary good feelings, but it often leads to decreased interest in primary areas of life. Instead of building up his or her talents—cooking, sports, gardening, carpentry, music, auto repair, beading, dancing, acting—he or she gets caught up in the drug culture. Youth is a time for learning new things...finding friends and building support networks. A child needs to know that drugs can interfere with all of this.

A child also needs to know that drug use doesn't just have a negative effect on him or her. It can also have a negative effect on others. A teacher may grow tired of increased absences or lethargy or a grandparent may grow resentful that a favorite grandchild no longer visits.

You might point out that behaviors like these can turn into a bad cycle. The child may think that his teacher or favorite uncle doesn't like him anymore instead of realizing that his behavior (drug use) has changed the relationship. The child, without being able to see this, just says, "The heck with it. Nobody likes me anyway." This attitude begins to spread to other relationships and then serves as a primary defense for using the drugs—"Nobody cares about me, so why shouldn't I smoke pot?"

One of the primary differences between kids from the sixties generation and today's generation is a change in the composition of our neighborhoods. In the 1960's and 1970's, there were more extended families. The teacher, the minister, the banker, the corner grocery owner, the neighbors, and others took responsibility for helping to ensure that any child in that neighborhood stayed out of trouble. And young people didn't want to violate these relationships. We need more of these influences for our young people today.

EXERCISE 5 RELAXATION IDEAS (for Adults)

We all need some relaxation and calm in our lives to stay healthy and feel good. People relax in a variety of ways. Below are a number of activities that may help you to relax; it's all a matter of which ones appeal to you most.

visiting friends
physical exercise
visualization
going to the movies
crossword puzzles
playing cards
reading
watching television or videos
talking with a friend
taking cat naps
going to a museum
attending a concert
playing an instrument
singing
listening to music
playing a game
giving yourself a facial
polishing your nails
having a massage
taking a hot bath
writing a letter
writing in your journal
talking on the telephone
doing artwork
going shopping
playing with children
playing with a pet
cooking
baking bread
fishing
playing on the computer
gardening
sewing
hiking
water sports
volunteering
sitting quietly

stopping to smell the roses !!

The benefits of taking time to relax are many—better health, more productivity, clearer thinking, inner peacefulness, and better relationships with others.

REASON 4: TO TAKE RISKS AND REBEL

All children need to learn how to take risks. This is part of growing up. By his or her actions, the child is often saying, "I'm going to take an emotional risk today by letting someone know that I don't like what they are doing." Or, "I'm going to take a risk today to test my balance by climbing up this tree." Or, "I'm going to take a social risk today and go up to someone I don't know and introduce myself."

EVALUATING RISK

From a very early age, most parents, grandparents, and providers have a strong sense of the level of risk-taking for each child in their care. You may be familiar with parents who had to call a poison control center five times in 1 year for one child and never had any cause for concern with another. Some children put everything in their mouths, climb up to the highest cabinet, and can't be trusted for 3 minutes alone in the backyard. Others seem to be born with an innate sense of responsibility and caution. You can probably tell your child's level of risk. This will be helpful in determining the activities that most appeal to his or her sense of fun and pushing the limits.

There are risks of all kinds that we take every day—and, we take more when we are young. We want to push the limits.

To grow, a child must learn a lot of skills that we as adults often take for granted. It's difficult for us to remember how hard it was to go to our first dance. We had to risk that no one would ask us to dance, that we would not be able to dance very well, and that someone would make fun of us. For a child, these are big risks to take.

And as children approach puberty, virtually everything holds a small amount of risk because everything feels so new and unexplored. As greater levels of risks are achieved, most young people will continue to look for opportunities to expand their horizons and grow.

This is why drugs and alcohol hold such allure for some young people. When all other reasons are discounted, drugs may provide some kids with the chance to prove they "can handle it." Combined with a strong desire to be a grownup and images of people on TV and elsewhere drinking, smoking, and taking drugs, it's no small wonder some kids want to take this risk.

Some youth, however, take more risks than others. They are unclear about the boundaries. They may be unsure of rules and expectations. If they have an idea that they want to try everything in life and are not clearly guided into making smart and healthy decisions about these risks, they may think it's okay to include using alcohol, tobacco, and illicit drugs as part of that risk-taking.

If the child has this kind of temperament, we can help them find ways to test their limits. This might include involving them in outdoor programs with leaders who will help them climb mountains, cross streams on a rope, or otherwise push them physically. We can also charge them to apply their risk-taking skills to social, emotional, and intellectual situations instead of daredevil type stunts.

ACTION STEPS

1. Again, this is a time to **get lots of input from your child.** It's okay to talk about risk-taking and what it means. Ask them what it means to them. Talk with them about all types of risk-taking and the advantages and disadvantages associated with each one. Kids and parents both need to acknowledge the consequences of risk-taking.

2. There are some children who seem to NEED lots of sensation or thrills in their lives. They like loud noises. They need a lot of stimulation to keep their attention. They seem to thrive on chaos. These young people are at particularly high risk for alcohol and drug problems. You may want to **seek the help of a professional** if you believe that your child may have this type of temperament. There may be biological reasons as well as psychological reasons for this high sensation-seeking or thrill-seeking behavior.

3. And, there are also some young people who really want to rebel against society by engaging in antisocial behavior, juvenile delinquency, treating others poorly, and so forth. These young people often have not received the warmth and acceptance they needed while growing up. Children who experience rejection from their parents or other caretakers also appear to be at greater risk than other children for alcohol or drug problems. In addition, parents who have unrealistic expectations about their children's abilities, communicate with them in abusive ways (threatening, chastising, belittling, and criticizing), and use coercive limit-setting and disciplinary

methods may increase the likelihood that their children will use alcohol or illicit drugs.

Research also suggests that **supportive parenting** patterns have the opposite effect. Parents who are warm and accepting, who express realistic expectations about their children's abilities, who are diligent and effective in supervising and monitoring children, whose limit-setting methods are noncoercive, and who spend time with their children, are much less likely to raise children who use alcohol, tobacco, or illicit drugs.

What is risk?

As discussed earlier, only you can determine the level of risk that your child is comfortable with, and which activities would be at that level. Listed here are a number of different levels of risk-taking activities. You may want to share this list with your child to determine which activities appeal to him/her most.

- talking with someone you like but don't know
- taking lessons on a musical instrument
- performing at a recital
- answering questions in class
- joining a sports team
- riding a bike
- joining in a talking circle
- walking to the park
- going on a scavenger hunt
- staying over at a friend's house
- changing a hair style
- wearing high-top sneakers
- getting an ear pierced
- changing hair color
- staying up late on a Saturday
- going to a friend's house after school
- going to overnight camp
- learning to rollerblade
- playing a video game
- learning to ski on water or snow
- going to the mall unsupervised
- asking someone out on a date
- learning to cook
- babysitting
- participating in a sweatlodge
- giving a speech
- being a volunteer
- taking karate lessons
- tutoring a younger kid
- going to a dance
- attending a powwow

TAKING RISKS

Teenagers feel almost immortal. Although they worry about what their friends think about them and about who is going to say what about them at the cafeteria table, they don't believe they are physically in much danger in the world. Because one of their growing up tasks is to become individuals and separate from their families, they often become involved in risk-taking behavior. This behavior may get them into trouble, but it also may help them learn to face the world as mature adults. Here is where we face a dilemma: how can we help them take the risks without encouraging dangerous—even life-threatening—behavior?

Drug abuse is a risk for today's youngsters that existed on a much smaller scale in past generations. They ***must*** *take risks of some kind to learn their own boundaries. But we must convince them that using alcohol, tobacco, and illicit drugs is not an* ***acceptable*** *risk-taking behavior.*

BEST COPY AVAILABLE

EXERCISE 6 ROLE PLAYING A CONFLICT

The main point of this exercise is to have some fun with the child in your care and allow him or her the opportunity to play an unfamiliar role. Role playing involves performing, which is a risk-taking experience for many of us uncomfortable with that notion! You can either have a one-on-one role play or you can involve your whole family in the experience. The fun comes in determining who plays which part. For example, you might have the child play the parental role while you play the part of the child. You could make the topic one that relates to several of the themes in this book:

- **Peer pressure (you play the drug user) to test how the child would respond in this situation**
- **The child (you) asking about why he/she should stay away from alcohol and drugs**
- **The parent (the child) giving advice on what it means to be a grown up**

REASON 5: TO SATISFY CURIOSITY

For many of the reasons already presented in this guide, children are very curious about alcohol, tobacco, and illicit drugs. Kids are smart and they are very quick to pick up mixed messages in the media, at school, or at the dinner table. Even if we have done an outstanding job of educating and nurturing the children in our care, there are some children who will remain innately curious about alcohol, tobacco, and illicit drugs. Since many kids are going to find out a lot about drugs from unreliable sources, this section includes some basic information for sharing with children. The street names of the drugs change weekly and by region, but this list is current!

If you suspect that a child in your care is using drugs, there are several publications available and organizations you can contact for help. Start by contacting the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686. Internet: telnet ncadi.health.org or http://www.health.org

NARCOTICS

Product names: Heroin, morphine, codeine, Dilaudid, Demerol, Percodan, Methadone, Talwin.

Street names: Heroin—Big H, Harry, horse, dope, boy, smack. Morphine—M, Miss Emma, Mister Blue, morph. Codeine—schoolboy. Dilaudid—lords. Methadone—fizzies, dollies.

Symptoms of use: Lethargy, drowsiness, euphoria, nausea, constipation, constricted pupils, slowed breathing.

Potential consequences: HIV infection, heart or respiratory problems, mood swings, chronic constipation, tremors, toxic psychosis, high potential for addiction.

Route of administration: Injected and ingested.

Medical use: For pain relief (except heroin and methodone).

Legal status: Illicit or prescription only.

HALLUCINOGENS

Product names: LSD (lysergic acid diethylamide), PCP (phencyclidine), DMT (dimethyltryptamine), Mescaline, MDA (methylenedioxyamphetamine), STP (dimethoxymethamphetamine), psilocybin, MDMA (methylenedioxymethamphetamine).

Street names: LSD—acid, window pane, blotter, wedding bells, microdot. PCP—angel dust, love boat, hog, animal trank, STP, peace. MDMA—ecstasy, xtc, adam, love drug. Mescaline—peyote, mescal, cactus buttons, cactus head. Psilocybin—psychedelic mushrooms, shrooms.

Symptoms of use: Trance-like state, excitation, euphoria, increased pulse rate, insomnia, hallucinations.

Potential consequences: Impaired judgment and coordination can result in greater risk for injury, self-inflicted injury, violent behavior, paranoia, depression or anxiety, unpredictable flashbacks.

Route of administration: Ingested.

Medical use: None.

Legal status: Illicit.

ETHYL ALCOHOL (FOR YOUTH)

Product names: Beer, gin, vodka, bourbon, whiskey, liqueurs, wine, brandy, champagne, rum, sherry, port, coolers.

Street names: Booze, alcohol, liquor, drinks, cocktails, highballs, nightcaps, moonshine, white lightning, hootch.

Symptoms of use: Slurred speech, impaired judgment and motor skills, incoordination, confusion, tremors, drowsiness, agitation, nausea and vomiting, respiratory ailments, depression.

Potential consequences: Impaired judgment can result in sexually transmitted diseases (including HIV/AIDS), injuries, auto crashes, inability to control drinking, high tolerance level, blackouts and memory loss, interference with personal relationships, cirrhosis of the liver, vitamin deficiencies, damage to heart and central nervous system, sexual impotence, weight gain.

Route of administration: Ingested.

Medical uses: For appetite stimulation and mild sedation.

Legal status: Legal for those of established drinking ages.

DEPRESSANTS

Product names: Sleeping pills and tranquilizers (Seconal, Nembutal, Smytal, Quaalude, Miltown, Norcet, Placidyl, Valium, Librium, Tauxene, Ativan, Xanax, Serax).

Street names: Downers, goofballs, red devil, blue devil, blues, yellow jackets, yellow bullets, pink ladies, Christmas trees, phennies, peanuts.

Symptoms of use: Drowsiness, confusion, incoordination, tremors, slurred speech, depressed pulse rate, shallow respiration, dilated pupils.

Potential consequences: Anxiety, depression, restlessness, psychotic episodes, chronic fatigue, insomnia, changes in eyesight, irregular menstruation, stopped breathing, suicide, dependence requiring more of the drug to get the same effect, severe withdrawal symptoms.

Routes of administration: Ingested.

Medical uses: For tranquilization, sedation, and sleep.

Legal status: Prescription only.

COCAINE AND CRACK COCAINE

Product names: Cocaine, crack cocaine.

Street names: Cocaine—coke, flake, snow, happy dust, gold dust, Cecil, C, freebase, toot, white girl, Scotty. Crack cocaine—crack, rock, base, sugar block.

Symptoms of use: Excitability, euphoria, talkativeness, anxiety, increased pulse rate, dilated pupils, paranoia, agitation, hallucinations.

Potential consequences: High risk for addiction, violent or erratic behavior, hallucinations, cocaine psychosis, eating or sleeping disorders, impaired sexual performance, ongoing respiratory problems, ulceration of the mucous membrane of the nose, collapse of the nasal septum, cardiac or respiratory arrest.

Route of administration: Sniffed and smoked.

Medical use: None.

Legal status: Illicit.

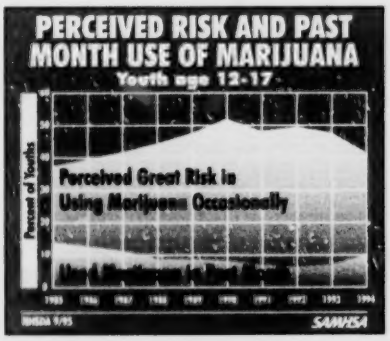
CANNABIS (MARIJUANA)

Product names: Delta-9-tetrahydrocannabinol, Cannabis sativa, marijuana, hashish, hashish oil.

Street names: Pot, grass, weed, reefer, joint, stick, Mary Jane, Acapulco Gold, rope, jive stick, hay, loco weed, bhang, ganja, hash, hash oil, chronic. (Blunts refer to cigars into which marijuana is rolled.)

Symptoms of use: Mood swings, euphoria, slow thinking and reflexes, dilated pupils, increased appetite, dryness of mouth, increased pulse rate, delusions, hallucinations.

Potential consequences: Amotivational syndrome, memory impairment, weight gain, increased risk for cancer, lower sperm counts and lower testosterone levels for men, increased risk of infertility for women, psychological dependence requiring more of the drug to get the same effect. Marijuana serves as a barrier against self-awareness, and users may not learn key developmental skills.


PERCEIVED RISK AND PAST MONTH USE OF MARIJUANA
Youth age 12-17
Percent of Youths
Perceived Great Risk in Using Marijuana Occasionally
SAMHSA

Routes of administration: Ingested and smoked.

Medical uses: Research.

Legal status: Illicit.

STIMULANTS

Product names: Amphetamine, Methamphetamine, Biphetamine, Dexedrine, Desoxyn, Tenuate, Ionamin, Tepanil.

Street names: Uppers, pep pills, bennies, wake-ups, eye-openers, co-pilots, coast-to-coast, cartwheels, As, black beauties, chalk, ice, crank, speed, meth, crystal.

Symptoms of use: Excitability, tremors, insomnia, sweating, dry mouth and lips, bad breath, dilated pupils, weight loss, paranoia, hallucinations.

Potential Consequences: Weight loss, nutritional deficiency, chronic sleep problems, high blood pressure, paranoia, anxiety or nervousness, decreased emotional control, severe depression, violent behavior, death from heart failure or suicide.

Routes of administration: Ingested.

Medical uses: For narcolepsy, obesity, hyperkinesis.

Legal status: Prescription only.

INHALANTS

Product names: Organic solvents, nitrous oxide, nitrites, aerosols, airplane glue, nail polish remover, lighter fluid, gasoline, paints, hair spray.

Street names: Nitrous oxide—laughing gas, whippets. Amyl nitrate—snappers, poppers, pearls, amies. Butyl nitrate—locker room, bolt, bullet, rush, climax.

Symptoms of use: Drunkenness, slurred speech, incoordination, nausea, vomiting, slowed breathing.

Potential consequences: Brain damage, pains in chest, muscles, joints, heart trouble, severe depression, toxic psychosis, nerve damage, fatigue, loss of appetite, bronchial tube spasm, sores on nose or mouth, nosebleeds, diarrhea, nausea, bizarre or reckless behavior, sudden death, suffocation.

Route of administration: Sniffed.

Medical use: Nitrous oxide only, for anesthesia.

Legal status: Most products available in retail stores.

EXERCISE 7 HELP YOUR CHILDREN GET THE FACTS

You can certainly share the information provided in this section with your children, but you may find it useful for them to gather some information on their own. Doing so may give them additional ownership of the information and may prompt them to learn even more as a result.

The first bit of information you could share with them is 1-800-729-6686—the number for the National Clearinghouse for Alcohol and Drug Information (NCADI). (Internet: telnet ncadi.health.org or http://www.health.org) NCADI can provide them with information on the various drug groups. NCADI can also provide information on community organizations in your area that offer additional materials, volunteer possibilities, and other resources.

Offer to show your child the devastating effects of substance abuse—take him/her to a local treatment center, visit areas of your community plagued by drug problems, arrange to visit a police station and talk to some of the officers.

There are several videos available on substance abuse prevention, many through NCADI. Offer your child the resources to obtain some of them or help them look for them at a local library or on the Internet.

You and your child will probably find many resources available to you when you begin to look. But if you are having trouble finding them, there are several national organizations that offer free materials and resources. Refer to the resources section of this guide to give you a head start.

R E S O U R C E S

Al-Anon/Alateen Family Group Headquarters, Inc.
P.O. Box 862
Midtown Station
New York, NY 10018-0862
800-344-2666 (USA)
800-443-4525 (Canada)

Alcoholics Anonymous World Services
475 Riverside Drive
New York, NY 10115
212-870-3400

Boys and Girls Clubs of America
1230 West Peachtree Street, NW
Atlanta, GA 30309
404-815-5700

Camp Fire, Inc.
4601 Madison Avenue
Kansas City, MO 64112
816-756-1950

CDC National AIDS Clearinghouse
P.O. Box 6003
Rockville, MD 20849-6003
800-458-5231

Center for Science in the Public Interest
1875 Connecticut Avenue, NW, Suite 300
Washington, DC 20009-5728
202-332-9110

Clearinghouse on Family Violence Information
P.O. Box 1182
Washington, DC 20013
703-385-7565

Girls Incorporated
30 East 33rd Street, 7th Floor
New York, NY 10016
212-689-3700

"Just Say No" International
1777 North California Boulevard, Suite 210
Walnut Creek, CA 94596
510-939-6666

Mothers Against Drunk Driving (MADD)
511 East John Carpenter Freeway, Suite 700
Irving, TX 75062
214-744-6233
800-GET-MADD

Nar-Anon Family Groups
P.O. Box 2562
Palos Verdes Penninsula, CA 90274
213-547-5800

Narcotics Anonymous
P.O. Box 9999
Van Nuys, CA 91409
818-780-3951

National Asian-Pacific American Families Against Substance Abuse, Inc.
1887 Maplegate Street
Monterey Park, CA 91755
213-278-0031

National Association for Children of Alcoholics
11426 Rockville Pike, Suite 100
Rockville, MD 20852
301-468-0985

National Association of Teen Institutes
87909 Manchester Road
St. Louis, MO 63144
314-962-3456

National Association for Native American Children of Alcoholics
611 12th Avenue South, Suite 200
Seattle, WA 98144
206-324-9360
800-322-5601

National Black Child Development Institute
463 Rhode Island Avenue, NW
Washington, DC 20005
202-387-1281

National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
800-729-6686
800-487-4889 TDD

National Coalition of Hispanic Health and Human Services Organizations
1501 16th Street, NW
Washington, DC 20005
202-387-5000

National Council on Alcoholism and Drug Dependence, Inc.
12 West 21st, 7th Floor
New York, NY 10017
212-206-6770
800-NCA-CALL

National Crime Prevention Council
1700 K Street, NW, 2nd Floor
Washington, DC 20006
202-466-6272

National Domestic Violence Hotline
800-333-SAFE

National Families in Action
2296 Henderson Mill Road, Suite 300
Atlanta, GA 30345
404-934-6364

National Family Partnership
1159B South Towne Square
St. Louis, MO 63123
314-845-1933

National Head Start Association
201 North Union Street, Suite 320
Alexandria, VA 22314
703-739-0875

The National Network of Runaway and Youth Services, Inc.
1400 Eye Street, NW, Suite 330
Washington, DC 20004
202-783-7949

National PTA Drug and Alcohol Abuse Prevention Project
330 North Wabash Avenue, Suite 2100
Chicago, IL 60611-3690
312-670-6782

National Urban League, Inc.
Substance Abuse Programs
500 East 62nd Street
New York, NY 10021
212-310-9000

Office of Minority Health Resource Center
P.O. Box 37337
Washington, DC 20013-7337
800-444-6472

Parents' Resource Institute for Drug Education, Inc. (PRIDE)
50 Hurt Plaza, Suite 210
Atlanta, GA 30303
404-577-4500
800-677-7433

Students Against Driving Drunk (SADD)
200 Pleasant Street
Marlboro, MA 01752
508-481-3568

WIC, Supplemental Food Program Division
Food and Nutrition Service
U.S. Department of Agriculture
3101 Park Center Drive, Room 540
Alexandria, VA 22302
703-756-3730

YMCA of the USA
101 North Wacker Drive
Chicago, IL 60606
312-977-0031

YWCA of the USA
726 Broadway
New York, NY 10003
212-614-2700

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